



MASSACHUSETTS
GENERAL HOSPITAL

MAXWELL & ELEANOR BLUM
PATIENT AND FAMILY
LEARNING CENTER

Health Literacy Consult Request Form

Contact information (author):

Name:

Department:

Phone:

Email:

Date submitted:

About the Document

What is the planned format for the completed document (printed color brochure, online handout, etc.)

What is the purpose of the document? For example: to **inform** patients about a test, to **instruct** patients how to change a dressing, to **teach** patients about a disease process, etc.

How will this document be used? Is it meant to stand alone or will it be reviewed with the patient/family by a clinician? For example, a nurse will review this with patients in an outpatient clinic before having surgery.

Please include any additional information about this document that you think may be helpful:

